

DECLARATION FOR USA PATENT APPLICATION

(including Design and National Stage PCT)

Attorney's Docket ID: _____

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below adjacent to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought

on the invention entitled: Method for determining the susceptibility of a NIDDM patient
the specification of which: toward sulfonylurea therapy.

_____ is attached hereto.

(or)

☒ was filed on February 17, 2000 as U.S. Application No. or PCT International Application No. PCTEP/0001549

and (if applicable) was amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, where priority is not claimed, any foreign application for patent or inventor's certificate, or any PCT International application, having a filing date before that of the application on which priority is claimed. (☐ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET)

Prior Foreign Application No.

Country

Day/Month/Year Filed

Priority Not Claimed

99400410.9EUROPE19.02.1999

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s), or 365(c) of any PCT application designating the U.S., listed below; and insofar as the subject matter of each claim of this application is not disclosed in the prior U.S. or PCT application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application. (☐ ADDITIONAL APPLICATIONS IDENTIFIED ON ATTACHED SHEET)

U.S. or PCT Parent Application No.

Parent Filing Date (Day/Month/Year)

Parent Patent No. (if applicable)

PCT/EP000154917.02.2000

As a named inventor, I hereby appoint the registered practitioners of **LARSON & TAYLOR, PLC** associated with Customer Number **000881** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to that Customer Number.

Direct all telephone calls to

at TEL (703) 739-4900 (Fax: 703-739-9577) e-mail:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1000 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR
FIRST INVENTOR

Citizenship

FrenchGiven Name (first and Middle (if any)) PhilippeFamily Name or Surname AMOUYEL

Full Mailing

Address 75, rue Quesne - 59700 MARCQ-EN-BAROEUL - FRANCE

Residence - City, State/Country

(if different from PO address) same as above

SIGN AND

DATE HERE Inventor's Signature Philippe Amouyel

Date

14/8/2001SECOND JOINT INVENTOR
(if any)

Citizenship

FrenchGiven Name (first and Middle (if any)) NicoleFamily Name or Surname HELBECQUE

Full Mailing

Address 10, rue Félix Faure - 59700 MARCQ-EN-BAROEUL - FRANCE

Residence - City, State/Country

(if different from PO address) same as above

SIGN AND

DATE HERE Inventor's Signature N. Helbecque

Date

14/8/2001THIRD JOINT INVENTOR
(if any)

Citizenship

FrenchGiven Name (first and Middle (if any)) AlineFamily Name or Surname MEIRHAEGHE

Full Mailing

Address 44/123, rue Bonte Pollet - 59000 LILLE - FRANCE

Residence - City, State/Country

(if different from PO address) same as above

SIGN AND

DATE HERE Inventor's Signature Aline Meirhaeghe

Date

8/14/2001FOURTH JOINT INVENTOR
(if any)

Citizenship

Family Name or Surname

Given Name (first and Middle (if any))

Full Mailing

Address

Residence - City, State/Country

(if different from PO address)

SIGN AND

DATE HERE Inventor's Signature

Date